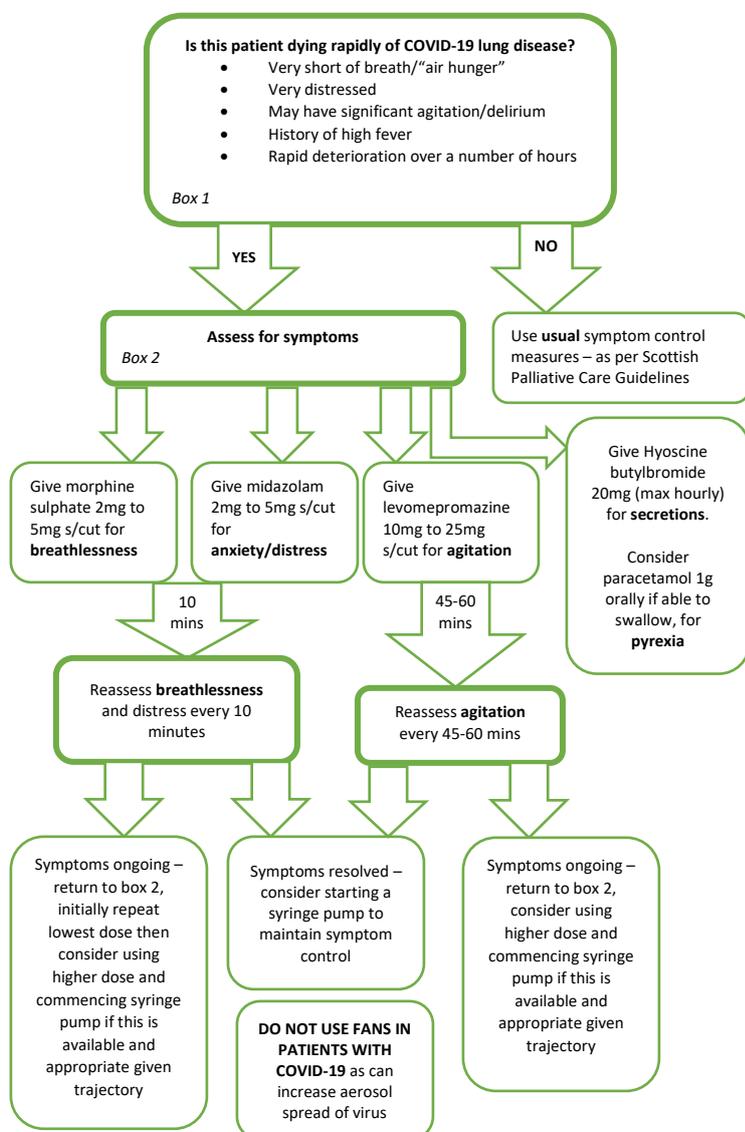


Temporary guidance for Primary Care: expires end April 2023. Based on Guidance from NHS Forth Valley

Guidance for Prescribing and Administering PRN medication when a Person is Imminently Dying from COVID-19 Lung Disease

Some patients dying of COVID-19 lung disease could have **severe** symptoms with **rapid decline**. In this situation it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering. The Scottish Palliative Care Guidelines now include a temporary guideline with regard to symptom management in this situation: www.palliativecareguidelines.scot.nhs.uk. The flowchart below is adapted from this guideline. The full guideline contains information on alternative medications that can be used. This new guideline should **only** be used when patients are **rapidly** dying with **severe respiratory distress** from confirmed or suspected COVID19, and after potentially reversible causes of decline have been considered and addressed. In all other situations the usual Scottish Palliative Care Guidelines apply. This leads to potential to have 2 anticipatory regimes prescribed for an individual, meeting the need to respond promptly to rapid decline. In this situation risk assessment and clear communication by the prescriber to the MDT is paramount (see example overleaf). Ultimately the decision lies with the prescriber and their knowledge of the patient and the care environment.

Further advice can be obtained by phoning **your local hospice**.



Notes:

In patients who are already receiving a regular opioid, use 1/6 of total daily opioid dose as a prn dose.

If a patient has known *renal impairment*, eGFR<30ml/min, consider using **Oxycodone s/cut prn** if readily available. Use **Alfentanil** in a syringe pump.

2mg morphine = 1mg oxycodone

Consider using lower doses in elderly patients.

Pain is not a prominent feature of COVID-19 lung disease

Suggested starting doses of syringe pumps:

Morphine 10mg to 20mg/24 hrs

Alfentanil 600micrograms to 1.3mg/24 hrs if eGFR known or likely to be <30ml/min

Midazolam 10mg to 20mg/24 hrs; maximum 100mg/24hrs

Levomepromazine 50mg/24 hrs; maximum 100mg/24hrs; use clinical judgement, may start lower based on persons response to previous bolus doses, higher doses can be given on specialist advice

Hyoscine butylbromide up to 180mg/24hrs

NB Initially titrating with subcutaneous medications to achieve symptom control quickly is recommended as syringe pumps take at least 4 hours to reach full effect.

If patient meets the above criteria then prescribe prn medication thus:

DRUG	DOSE	ROUTE	INDICATION	MIN.INTERVAL
MORPHINE SULFATE	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness	10 mins
MIDAZOLAM	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness Severe anxiety/agitation	10 mins; max. 100mg/24 hrs
LEVOMEPRMAZINE	10mg to 25mg	SUBCUTANEOUS	Severe agitation	1 hour; max. 100mg/24hrs
HYOSCINE BUTYLBROMIDE	20mg	SUBCUTANEOUS	Respiratory secretions	1 hour; max. 180mg/24 hrs

Temporary guidance for Primary Care: expires end April 2021. Based on Guidance from NHS Forth Valley Experience with dose ranges is variable across NHS GGC. Doses of medicines used in severe COVID 19 dying include dose ranges to enable usual doses to be given **MORE FREQUENTLY** and **TITRATED MORE RAPIDLY** as in example below (for opiate naive patient). **Remember that instructions around increments of dose increase and seeking medical advice MUST be stated in the kardex comment/ additional instructions section by the prescriber**

If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered.

AS REQUIRED MEDICATIONS **PRESCRIPTION AND RECORDING**

A DRUG MORPHINE Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 2mg Route: SC Indication: PAIN / DYSPNOEA Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: 1 HOURLY

B DRUG LEVOMEPRIMAZINE Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 2.5mg Route: SC Indication: NAUSEA/VOMITING Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: 8 hourly

C DRUG MIDAZOLAM Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 2mg Route: SC Indication: AGITATION/ ANXIETY/DYSPNOEA Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: 1 HOURLY

D DRUG HYOSCINE BUTYLBROMIDE Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 20mg Route: SC Indication: RESPIRATORY SECRETIONS Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: 1 HOURLY

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered. * COVID19 OPTIONS

AS REQUIRED MEDICATIONS **PRESCRIPTION AND RECORDING** * COVID19 OPTIONS

E DRUG MORPHINE Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 2 to 5mg Route: SC Indication: SEVERE SOB Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: every 10min PEN as below

F DRUG MIDAZOLAM Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 2 to 5mg Route: SC Indication: Severe SOB, agitation Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: every 10min PEN as below

G DRUG LEVOMEPRIMAZINE Date: Time: Dose: Given By: Batch No. Expiry date:

Dose (range): 10 to 25mg Route: SC Indication: Terminal agitation delirium/diarrhoea Prescriber (print & sign): K. Lee (CCARE) Max. Freq.: Hourly

H DRUG Date: Time: Dose: Given By: Batch No. Expiry date:

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

It is suggested that when prescribing anticipatory medicines, prescribe as per usual guidance using the community palliative care kardex **and** that an alternative regime is made available on the second page if the person is COVID 19 positive.

COVID 19 Options for severe & rapid decline

Additional Instructions:
 Start at lowest dose, reassess after prescribed frequency, if symptom persists give second administration at lowest dose. Reassess after prescribed frequency, if symptom persists give third administration at the highest dose. If symptom/s not controlled seek specialist palliative care advice and consider a syringe pump.

Use of initial subcutaneous bolus medications in severe symptoms alongside early commencement of syringe pumps is strongly recommended. Seek palliative care advice. Summary of suggested starting doses and frequency:
 (NB Please titrate starting dose according to existing PRN requirements)

Medication	Route	Dose and Frequency	Writing Prescription Guidance
Morphine For breathlessness	SC	10mg over 24 hours via syringe pump	Morphine Sulfate 10mg/1ml ampoules for injection. 10mg over 24 hours via syringe pump. Supply 5 (five) amps
Midazolam For breathlessness / terminal agitation	SC	10mg over 24 hours via syringe pump	Midazolam 10mg/2ml ampoules for injection. 10mg over 24 hours via syringe pump. Supply 5 (five) amps
Hyoscine butylbromide For respiratory secretions	SC	60mg over 24 hours via syringe pump	Hyoscine butylbromide 20mg/1ml ampoules Supply 5 amps
Levomepromazine For terminal agitation	SC	50mg over 24 hours via syringe pump	Levomepromazine 25mg/1ml ampoules. Supply 5 amps
Water for Injection	To make up syringe pump		10ml ampoules as directed. Supply 20 amps



COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid-19 Guidance for Prescribing and Administering PRN medication when a Person is Imminently Dying from COVID-19 Lung Disease

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	No
Date Approved:	15 th March 2022
Approval Group:	Primary Care Advisory Group.

Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.